



**ARIZONA STATE BOARD OF
FUNERAL DIRECTORS AND EMBALMERS**

1740 West Adams Street , Suite 3006
Phoenix, Arizona 85007
Phone: (602) 542-3095
www.funeralboard.az.gov

ASSUMPTION OF RESPONSIBILITY FORM - Funeral Home/Crematory

Name of Funeral Establishment or Crematory: _____

Address of Funeral Establishment or Crematory: _____

Phone number for Funeral Establishment or Crematory: _____

E-mail for Funeral Establishment or Crematory: _____

Licensed Funeral Director or Cremationist in charge of Funeral Establishment or Crematory is:

Name: _____

Funeral Director or Cremationist License Number: _____

Home Address: _____

Cell Phone: _____

Personal E-Mail: _____

I hereby affirm that I am duly licensed as a funeral director or cremationist (depending on the assumption of responsibility) in the State of Arizona and reside therein. I am familiar with the laws of Arizona and the rules and regulations of the Arizona State Board of Funeral Directors and Embalmers as well as the Department of Health Services as it relates to funeral establishments or crematories. I affirm that the establishment will be equipped, operated and maintained in accordance with the provisions of such laws and regulations. As responsible funeral director or cremationist, I understand that I am responsible to the Arizona State Board of Funeral Directors and Embalmers for a licensed funeral establishment or crematory to be in compliance with the aforementioned laws and regulations and hereby accept responsibility for the establishment named above.

Date: _____

Signature: _____